

FROM McANDREWS, HELD, &amp; MALLOY

(THU) 6. 15' 06 15:35/ST. 15:33/NO. 4861050472 P 5

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JUN 15 2006 Attorney Docket No. 16970US01

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

David A. Horsnell, et al.

Serial No.: 10/550,807

Filed: September 23, 2005

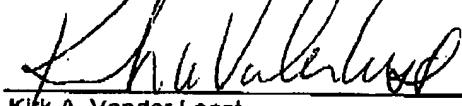
Intl. App. No.: PCT/GB2004/001377

Intl. Filing Date: March 25, 2004

Title: METHOD

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence is being sent via facsimile to Mail Stop Missing Parts, Commissioner of Patents, at the United States Patent and Trademark Office, June 15, 2006.

  
 Kirk A. Vander Leest  
 Reg. No. 34,036

COMPLETION OF FILING REQUIREMENTS

Mail Stop MISSING PARTS  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sirs:

This replies to the Notice to File Missing Requirements Under 35 U.S.C. 371 In The United States Designated/Elected Office (DO/EO/US) dated, May 25, 2006, a copy of which is enclosed. The above-identified application was filed without an oath or declaration. The enclosed are being submitted to complete the filing requirements:

1. An executed Declaration For Utility Or Design Patent Application (37 CFR 1.63);
2. Power of Attorney and Correspondence Address Indication Form executed by each inventor;
3. A copy of Notice to File Missing Requirements Under 35 U.S.C. 371 In The United States Designated/Elected Office (DO/EO/US); and
4. A Fee Transmittal for payment of the \$130 late fee surcharge and the \$360 multiple dependent claim fee.

Response to Missing Parts  
Serial No.: 10/550,807  
Page 2 of 2

The Commissioner is hereby authorized to charge the \$130.00 surcharge for the late submission of the oath or declaration and the additional requisite fee of \$360.00 for the multiple dependent claim, and any additional fees which may be required in connection with this submission or credit any overpayment to Account No. 13-0017.

Respectfully submitted,



Kirk A. Vander Leest  
Reg. No. 34,036

Date: June 15, 2006

McAndrews, Held & Malloy, Ltd.  
500 West Madison St., Suite 3400  
Chicago, Illinois 60661  
(312) 775-8000  
(312) 775-8100 (fax)  
kvanderleest@mhmlaw.com

06/21/2006 MKAYPAGH 00000116 130017 10550807

01 FC:1616 360.00 DA  
02 FC:1617 130.00 DA



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16970US01  
D2 KVI

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/550,807	David Andrew Horsnell	16970US01
INTERNATIONAL APPLICATION NO.		
PCT/GB04/01377		
I.A. FILING DATE		PRIORITY DATE
03/25/2004		03/25/2003

Kirk A Vander Leest  
McAndrews Held & Malloy  
500 W Madison St.  
34th Floor  
Chicago, IL 60661

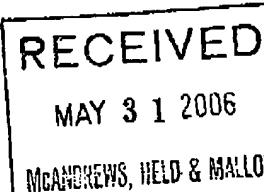
RESPONSE DUE:  
03/25/2006

Date Mailed: 05/25/2006 3 1 2006

**NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

The following items have been submitted by the applicant or the IAB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 09/23/2005
- Copy of the International Search Report filed on 09/23/2005
- Copy of IPE Report filed on 09/23/2005
- U.S. Basic National Fees filed on 09/23/2005
- Priority Documents filed on 09/23/2005
- Specification filed on 09/23/2005
- Claims filed on 09/23/2005
- Abstracts filed on 09/23/2005
- Drawings filed on 09/23/2005



The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of \$360 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

## SUMMARY OF FEES DUE:

Total additional fees required for this application is \$490 for a Large Entity:

- **\$130** Surcharge.
- Total additional claim fee(s) for this application is **\$ 360**
  - **\$360** for multiple dependent claim surcharge.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

WINSTON M ALVARADO

Telephone: (703) 308-9140 EXT 206

**PART 1 - ATTORNEY/APPLICANT COPY**

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/550,807	PCT/GB04/01377	16970UJS01

FORM PCT/DO/EO/905 (371 Formalities Notice)

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FROM McANDREWS, HELD, & MALLOY

(THU) 6. 15' 06 15:34/ST 15-33/NO. 4861050472 P 3

JUN 15 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2008. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2006</b>		Complete if Known													
		Application Number	10/560,807												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 23, 2005												
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 490.00)		First Named Inventor	David A. Horsnell												
		Examiner Name	N/A												
		Art Unit	N/A												
		Attorney Docket No.	16970US01												
METHOD OF PAYMENT (check all that apply)															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____															
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017		Deposit Account Name: McAndrews Held & Malloy													
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)															
<input checked="" type="checkbox"/> Charge Fee(s) indicated below			<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee												
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17															
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.															
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES										
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)								
Utility	300	150	500	250	200	100	_____								
Design	200	100	100	60	130	65	_____								
Plant	200	100	300	150	160	80	_____								
Reissue	300	150	500	250	600	300	_____								
Provisional	200	100	0	0	0	0	_____								
2. EXCESS CLAIM FEES															
<b>Fee Description</b> Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims															
<table border="1"> <thead> <tr> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>						Small Entity		Fee (\$)	Fee (\$)	50	25	200	100	360	180
Small Entity															
Fee (\$)	Fee (\$)														
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<table border="1"> <thead> <tr> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th>Fee</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>360.00</td> <td>360.00</td> </tr> </tbody> </table>						Multiple Dependent Claims		Fee	Fee Paid (\$)	360.00	360.00				
Multiple Dependent Claims															
Fee	Fee Paid (\$)														
360.00	360.00														
Total Claims -20 or HP x = HP = highest number of total claims paid for, if greater than 20															
Indep. Claims Extra Claims Fee (\$) -3 or HP x = HP = highest number of independent claims paid for, if greater than 3															
3. APPLICATION SIZE FEE															
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).															
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) -100 /50 (round up to a whole number) x = <b>Fee Paid (\$)</b>															
4. OTHER FEE(S)															
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Surcharge for late submission of oath or declaration <b>Fee Paid (\$)</b> 130.00															
SUBMITTED BY															
Signature	<i>Kirk A. Vander Leest</i>		Registration No. (Attorney/Agent)	34,036	Telephone (312)775-8000										
Name (print/type)	Kirk A. Vander Leest		Date	June 15, 2006											

FROM McANDREWS, HELD, & MALLOY

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JUN 15 2006

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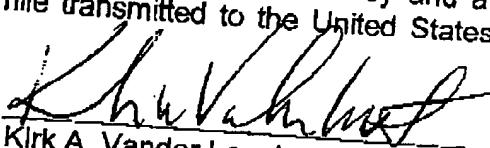
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TO:	Mail Stop Missing Parts Commissioner for Patents	FAX NO.:	(571) 273-8300
FROM:	Kirk A. Vander Leest	USER ID:	8263
CLIENT:	02120	MATTER:	16970US01

Number of Pages This Transmission (Including Cover Page): 18

I hereby certify that the attached Transmittal Form, Fee Transmittal (in duplicate), Completion of Filing Requirements, Declaration, Powers of Attorney and a copy of the Notice is Missing Parts are being facsimile transmitted to the United States Patent and Trademark Office on June 15, 2006.

  
Kirk A. Vander Leest  
Reg. No. 34,036

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PTO/SB/21 (09-04)

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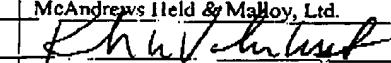
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<b>TRANSMITTAL FORM</b>		Application Number	10/550,807
		Filing Date	September 23, 2005
		First Named Inventor	David A. Horsnell
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	16970US01

**ENCLOSURES (check all that apply)**

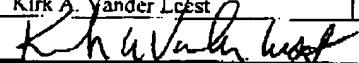
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	McAndrews Held & Malloy, Ltd.
Signature	
Printed Name	Kirk A. Vander Leest, Reg. No. 34,036
Date	June 15, 2006

**CERTIFICATE OF FAX TRANSMITTAL**

I hereby certify that this correspondence is being sent via facsimile to Mail Stop MISSING PARTS, Commissioner of Patents, at the United States Patent and Trademark Office June 15, 2006.

Name (Print/type)	Kirk A. Vander Leest	Registration No. (Attorney/Agent)	34,036
Signature		Date	June 15, 2006